United States District Court

for the

Southern District of Ohio

Western Division

Childhood Trauma Emergecny Group

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-V-

City of Cincinnati, Ohio Department of Education, Cincinnati Public Schools, Cincinnati Police Department,

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.) Case No. (10 be filled in by the Clerk's Office)

Jury Trial: (check one) Yes No

J. McFATI AND MJ. LITKOVITZ

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Childhood Trauma Em	Childhood Trauma Emergency Group		
Address	3587 Harvey Ave	-larvey Ave		
	Cincinnati	ОН	45229	
	City	State	Ziv Code	
County	Hamilton			
Telephone Number	513-307-4766			
E-Mail Address				

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1 City of Cincinnati Name Job or Title (if known) City Hall Address 801 Plum St Cincinnati OH 45202 City Zip Code State Hamilton County Telephone Number E-Mail Address (if known) Individual capacity Official capacity Defendant No. 2 Ohio Department of Education Name Job or Title (if known) Address 25 South Front Street Columbus OH 43215 City Zin Code State County Telephone Number E-Mail Address (if known) Individual capacity Official capacity

II.

federal funds.

	Defendant No. 3			
	Name	Cincinnati Public Schools	;	
	Job or Title (if known)			
	Address	2651 Burnet Ave		
		Cincinnati	ОН	45219
		Citv	State	Ziv Code
	County			
	Telephone Number			
	E-Mail Address (if known)			
		☐ Individual capacity	Official cap	pacity
	Defendant No. 4			
	Name	Cincinnati Police Departm	nent	
	Job or Title (if known)			
	Address	310 Ezzard Charles Dr		
		Cincinnati	ОН	45214
		Citv	State	Zin Code
	County			
	Telephone Number			
	E-Mail Address (if known)		<u></u>	
		☐ Individual capacity	Official cap	pacity
Basis fo	or Jurisdiction			
immuni <i>Federal</i>	42 U.S.C. § 1983, you may sue state of ities secured by the Constitution and [I Bureau of Narcotics, 403 U.S. 388 (ational rights.	[federal laws]." Under Biver	ns v. Six Unknow	vn Named Agents of
A.	Are you bringing suit against (check a	ll that apply):		
	Federal officials (a Bivens claim	1)		
	State or local officials (a § 1983	claim)		
В.	3. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities section the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, where federal constitutional or statutory right(s) do you claim is/are being violated by state or local office.		section 1983, what	
Omnibus Crime Control and Safe Streets Act of 1968, and Title VI of the Civil Rights A				Rights Act of 1964,

which forbid discrimination on the basis of race, color, sex or national origin by agencies receiving

III.

C.	Plaintiffs suing under <i>Bivens</i> may only recover for the violation of certain constitutional rights. If you are suing under <i>Bivens</i> , what constitutional right(s) do you claim is/are being violated by federal officials?
D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.
	The Ohio Department of Education's mandate for zero tolerance policies for all school districts allow the violation of the Omnibus Crime Control and Safe Streets Act of 1968, and Title VI of the Civil Rights Act of 1964, in Cincinnati Public Schools by the Cincinnati Police Department which is funded by the City of Cincinnati. These violations affect African American males that should be protected as victims of childhood trauma more than any other group. This is a violation of the Civil Rights Act of 1964.
Statan	nent of Claim
State a alleged further any ca	as briefly as possible the facts of your case. Describe how each defendant was personally involved in the d wrongful action, along with the dates and locations of all relevant events. You may wish to include r details such as the names of other persons involved in the events giving rise to your claims. Do not cite uses or statutes. If more than one claim is asserted, number each claim and write a short and plain tent of each claim in a separate paragraph. Attach additional pages if needed.
A.	Where did the events giving rise to your claim(s) occur?
	These events occurred in Cincinnati Public Schools located in areas that are classified as low income.
В.	What date and approximate time did the events giving rise to your claim(s) occur?
	These events have been occuring since August, 2008 and have continued through August, 2023.
C.	What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

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The Ohio Department of Education's issued a mandate for zero tolerance policies, which were required by Ohio State Law for all school districts. This policy has allowed the violation of the Omnibus Crime Control and Safe Streets Act of 1968, and Title VI of the Civil Rights Act of 1964, in Cincinnati Public Schools. Cincinnati Public Schools contracted the Cincinnati Police Department to provide resource officers by sworn law enforcement officials within the schools. These officers has consisently performed actions within schools which violate the Fourth Ammendment Rights of African American male students more than any other group of students. These students are faced with increased interactions and over policing by Cincinnati Police at the request of the Cincinnati Public Schools. The City of Cincinnati is aware of such violations and continues to fund both organziations. These violations affect African American males that should be protected as victims of childhood trauma more than any other group. This is a violation of the Civil Rights Act of 1964.

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Referrals for criminal investigation are issued anytime that a student has interaction with the school resource

officer thus creating a criminal record for the children that are almost 90% victims of untreated childhood
trauma.

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

VI.

School Americ provide request	quest is that the court require that the Ohio Department of Education, City of Cincinnati, Cincinnati Public Is and Cincinnati Police Department be prohibited from using zero tolerance policies to target African can Males within the Cincinnati Public Schools. The additional request is that all Defendents be ordered to e funding to create a policy that does not further traumatize the childhood victims of trauma. The final t is that all Defendants be ordered to fund the restorative programs to address the re-traumatizaton of Zero nce Policy and the use of Cincinnati Police Officers in Cincinnati Public Schools.
L	
Certific	cation and Closing
and bell unneces nonfrive evident opportu	Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, ief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause ssary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a colous argument for extending, modifying, or reversing existing law; (3) the factual contentions have iary support or, if specifically so identified, will likely have evidentiary support after a reasonable unity for further investigation or discovery; and (4) the complaint otherwise complies with the ments of Rule 11.
A.	For Parties Without an Attorney
	I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.
	Date of signing:
	Signature of Plaintiff
	Printed Name of Plaintiff
В.	For Attorneys
	Date of signing:
	Signature of Attorney
	Printed Name of Attornev
	Bar Number

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

Name of Law Firm Address			
Address			
	City	State	Zin Code
Telephone Number			
E-mail Address			

2/1/17/23